

MAR 24 2000



K000436

SYBRON DENTAL SPECIALTIES

Section III - 510(k) Summary of Safety and Effectiveness

Submitter:

Sybron Dental Specialties, Inc.
1717 W. Collins Avenue
Orange, California 92867
(714) 516-7484 - Phone
(714) 516-7488 - Facsimile
Colleen Boswell - Contact Person

Date Summary Prepared: February 2000

Device Name:

- Trade Name - belleGlass HP Translucent Dentin
- Common Name - Dual Cured Indirect Composite Restorative Material
- Classification Name - Tooth Shade Resin Material, per 21 CFR § 872.3690

Devices for Which Substantial Equivalence is Claimed:

- Kerr Corporation, *Herculite XR/XRV*

Device Description:

The device is a dual cured composite material for use with the belleGlass HP (heat and pressure) Crown and Bridge Fabrication System to produce color shading and a stable, polished surface for composite crowns and bridges. The belleGlass HP Crown and Bridge Fabrication System is comprised of all of the components necessary for a dental laboratory to fabricate composite resin-based crowns and bridges and cure them using both light activation combined with a final heat and pressure curing cycle in the belleGlass HP automatic curing device.

Intended Use of the Device:

The intended use of belleGlass HP Translucent Dentin is for use with the belleGlass HP (heat and pressure) cured crown and bridge fabrication system to produce color shading and a stable, polished surface for composite crowns and bridges.

Substantial Equivalence:

belleGlass HP Translucent Dentin is substantially equivalent to other legally marketed devices in the United States. The composite resin marketed by Kerr Corporation functions in a manner similar to and is intended for the same use as the product manufactured by Kerr Dental Materials Center.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAR 24 2000

Ms. Colleen Boswell
Sybron Dental Specialties, Inc.
1717 West Collins Avenue
Orange, California 92867

Re: K000436
Trade Name: belleGlass HP Translucent Dentin
Regulatory Class: II
Product Code: EBF
Dated: February 7, 2000
Received: February 10, 2000

Dear Ms. Boswell:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of

MAR 24 2000

Page 2 -Ms. Boswell

the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4690. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "<http://www.fda.gov/cdrh/dsmamain.html>".

Sincerely yours,



Timothy A. Ulatowski
Director
Division of Dental, Infection Control,
and General Hospital Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

K000436

Section I - Indications for Use

510(k) Number: K000436

Device Name: belleGlass HP Translucent Dentin

Indications for Use:

belleGlass HP Translucent Dentin is a dual cured composite material for use with the belleGlass HP (heat and pressure) Crown and Bridge Fabrication System to produce color shading and a stable, polished surface for composite crowns and bridges.

Susan Runner

(Division Sign-Off)
Division of Dental, Infection Control,
and General Hospital Devices
510(k) Number K000436